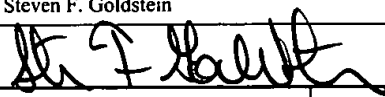
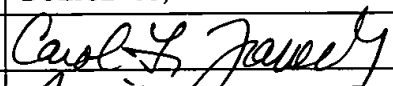


MC
O I P E
APR 16 2001

29-01 04CO

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231			
Typed or Printed Name	Steven F. Goldstein		
Signature		Date	April 12, 2001
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Attorney Docket	IRVN-007CON2
		First Named Inventor	Gatanaga, et al.
		Application Number	09/752,639
		Filing Date	December 29, 2000
		Group Art Unit	Unassigned
		Examiner Name	Unassigned
		Title: "Factors Affecting Tumor Necrosis Factor Receptor Releasing Enzyme Activity"	

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, 1449 and ___ references <input type="checkbox"/> Substitute Specification Clean and Marked-up <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <i>(with copy of Notice to File Missing Parts)</i>	<input type="checkbox"/> Issue Fee Transmittal <i>(with copy of PTOL-85B)</i> <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Revocation <input type="checkbox"/> Associate <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Request for Refund <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Certification Regarding Sequence listing <input type="checkbox"/> Sequence Listing <input type="checkbox"/> Computer readable disk <input checked="" type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i> Return Postcard _____ _____ _____

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Individual Name	Carol L. Francis	Registration No.	36,513
Firm Name	BOZICEVIC, FIELD & FRANCIS LLP		
Signature			
Date	April 12, 2001		